

Knowledge and practical skills of the informal caregivers who care for old people post stroke: a pilot study in Northern Portugal

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Introduction: Strokes have the largest socio-economic impact in worldwide and are the leading cause of disability in the Western world in that Portugal is no exception. It is estimated that more than 30% of old people stroke survivors are functionally dependent after discharge (Correia *et al.*, 2004). Most of them go home and many will be dependent on informal caregivers to provide assistance in self-care, including bathing, dressing and toiling. For some old people, this avoids or delays admission to institutional care and the economic value of the informal care is considerable (Hafsteinsdóttir *et al.*, 2011). Informal caregivers have an important role in enhancing patient's rehabilitation and preventing negative consequences (Shyu *et al.*, 2010; Kalra *et al.*, 2004). The evidence has also shown that training caregivers to take care of old frail people reduce costs with hospitalization and caregiver's burden while improving psychosocial outcomes in caregivers and patients (Marsden *et al.*, 2010; Kalra *et al.*, 2004; Smith *et al.*, 2004; McBride *et al.*, 2004) Aware that policy makers are seeking measures to reduce health expenditures and be aware that in the becoming decades strokes will increase in old people (65+), driven by demographic change (Truelsen *et al.*, 2006), more research is needed to add knowledge in this field.

Objective: our study aims to implement a pilot study to empower and providing education, counseling and training informal caregivers who care for old people for the first time after a stroke.

Methods: This randomized experimental design will take place in Braga Region (ACES Cávado I, II and III) and involves 60 elderly at home-dwelling, subdivided in an equal size intervention and control group. It will be included in the sample: (i) the primary caregivers who take care for the first time of a dependent elderly; (ii) alphabets; (iii) without cognitive disease; (iv) able to communicate. Old people will follow the criteria: (i) ≥65 years; (ii) have suffered an ischemic stroke; (iii) being dependent on at least one of the self-care activities (score functionality/45 in Barthel Index, Mahoney & Barthel, 1965). The intervention group will receive a specifically designed intervention program based on an initial 3-hour visit between trained nurses at home to primary caregivers, 1 and 3 months after discharge from hospital. The control group will receive conventional practice by nursing home team.

Results: The validation of a pilot study is needed to increase caregiver's preparedness, knowledge and practical skills on self-care of the dependent old people after a stroke.

Key-words (MeSH Terms): stroke; elderly; caregivers; empowerment; self-care; pilot study

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